

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 29 PM 3:37

DOCUMENT # P04000007911

1. Corporation Name

Juan Tiliang Inc.

2. Principal Office Address

2590 Past Rd

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

USA

3. Mailing Office Address

2590 Past Rd

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

USA

REINSTATEMENT
CR2E081(12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/04

5. FEI Number

593708250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia Tiliang

Street Address (P.O. Box Number is Not Acceptable)

2590 Past Rd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Patricia Tiliang

REGISTERED AGENT MUST SIGN

Date

9/23/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Juan Tiliang	2590 Past Rd Melbourne FL 32935	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Juan Tiliang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/06

Date

321-259-0383

Daytime Phone #